



**APPLICATION FOR LIBRARY
EDUCATION UNIT (LEU)
TRAINER PROVIDER**

State Form 53621 (5-08)

CERTIFICATION PROGRAM COORDINATOR

Professional Development Office

Indiana State Library

140 North Senate Avenue

Indianapolis, IN 46204-2296

317-234-5650 or 1-800-451-6028 (Indiana only)

Fax: 317-232-3713

WWW: <http://www.in.gov/library> E-mail: pdo@library.in.gov

For Office Use Only

Date Reviewed (month, day, year)	Provider ID Number
Decision	

PLEASE TYPE

Name of Provider Organization		
Address (number and street, city, state, and ZIP code)		
Telephone number ()	E-mail address	Web address
Signature of Authorized Individual		
Printed name of authorized individual	Signature of authorized individual	
Title		Date (month, day, year)
Telephone number ()	E-mail address	Fax number ()
Our organization agrees to periodic state monitoring of our programs at the discretion of the Indiana Library and Historical Board		<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

Attach agendas for trainings currently offered by the Organization

Agendas must include approximate time for each training

Agendas attached (name each course)

Instructors employed by the Organization

Attach resumes or Curriculum Vitae for each Instructor

Resumes/CV attached for:

NOTICE:

The information you provide will become public record.